

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/601,121
Applicant : Zhcng Shen
Filed : June 19, 2003
Title : POWER MOSFET
TC/A.U. : 2800/2811
Examiner : TBD
Docket No. : 104024-361-np

**DECLARATION AND POWER OF ATTORNEY
FOR UTILITY AND PLANT PATENT APPLICATION**

This Declaration is

Submitted with Initial Filing.
 Submitted after Initial Filing (surcharge under 37 C.F.R. 1.16(e) required).

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention as entitled above, the specification of which

is attached hereto
 was filed on June 19, 2003 as United States Application No. 10/601,121 or PCT International Application Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. Section 119(e) of any United States provisional application(s) listed below:

Application Serial Number(s)	Filing Date
60/416,942	August 10, 2002

I hereby claim the benefit under 35 U.S.C. Section 120 of any United States application(s), or Section 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. Section 112. I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, C.F.R., Section 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application

Application Serial Number(s)	Filing Date	Status (pending, patented, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment,

or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Practitioners at Customer Number 24964; or

Practitioner(s) named below:

Name	Registration Number

Please direct all future correspondence and telephone calls to:

Customer Number 24964; or

Attorney Name and Registration No.	
Firm Name	
Address	
City, State, Zip	
Telephone	

Name of Sole or First Inventor	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle): <i>ZHENG</i> John	Family Name or Surname: Shen		
Inventor's Signature: <i>Björn</i>	Date: 11/25/2003		
Residence- City: ANN ARBOR	State: MI	Country: USA	Citizenship: USA
Mailing Address: 438 PINE BRAE DR.			
City: ANN ARBOR	State: MI	ZIP: 48105	Country: USA

Name of Second Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
<i>Given Name (first and middle):</i>		<i>Family Name or Surname:</i>		
<i>Inventor's Signature:</i>		<i>Date:</i>		
<i>Residence- City:</i>	<i>State:</i>	<i>Country:</i>	<i>Citizenship:</i>	
<i>Mailing Address:</i>				
<i>City:</i>	<i>State:</i>	<i>ZIP:</i>	<i>Country:</i>	

Name of Third Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
<i>Given Name (first and middle):</i>		<i>Family Name or Surname:</i>		
<i>Inventor's Signature:</i>		<i>Date:</i>		
<i>Residence- City:</i>	<i>State:</i>	<i>Country:</i>	<i>Citizenship:</i>	
<i>Mailing Address:</i>				
<i>City:</i>	<i>State:</i>	<i>ZIP:</i>	<i>Country:</i>	

Name of Fourth Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
<i>Given Name (first and middle):</i>		<i>Family Name or Surname:</i>		
<i>Inventor's Signature:</i>		<i>Date:</i>		
<i>Residence- City:</i>	<i>State:</i>	<i>Country:</i>	<i>Citizenship:</i>	
<i>Mailing Address:</i>				
<i>City:</i>	<i>State:</i>	<i>ZIP:</i>	<i>Country:</i>	

Name of Fifth Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
<i>Given Name (first and middle):</i>		<i>Family Name or Surname:</i>		
<i>Inventor's Signature:</i>		<i>Date:</i>		
<i>Residence- City:</i>	<i>State:</i>	<i>Country:</i>	<i>Citizenship:</i>	
<i>Mailing Address:</i>				
<i>City:</i>	<i>State:</i>	<i>ZIP:</i>	<i>Country:</i>	